



Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-639
OMB No. 1615-0102
Expires 06/30/2022

NOTE: Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.

► **START HERE** - Type or print in black ink.

Part 1. Type of Request

Select **only one** box.

NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.

- 1.a. ☒ Freedom of Information Act (FOIA)/Privacy Act (PA)
1.b. ☐ Amendment of Record (PA only)

Part 2. Requestor Information

1. Are you the Subject of Record for this request?
☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, skip to **Part 3.** If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2., Item Numbers 2.a. - 3.c.**

Representative Role to the Subject of Record

Select your representative role to the Subject of the Record.

- 2.a. ☒ An Attorney
2.b. ☐ An Accredited Representative of a Qualified Organization
2.c. ☐ A Family Member

Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.

- 3.a. ☐ I am requesting information on behalf of my child or a minor I have guardianship over.
3.b. ☐ I am requesting information on behalf of someone who is deceased.
3.c. ☐ I am requesting information on behalf of someone for whom I have power of attorney.

Requestor's Full Name

- 4.a. Family Name (Last Name) DIAZ
4.b. Given Name (First Name) ANTOINETTE
4.c. Middle Name

Requestor's Mailing Address

- 5.a. In Care Of Name (if any)
5.b. Street Number and Name PO BOX 813786
5.c. ☐ Apt. ☐ Ste. ☐ Flr.
5.d. City or Town HOLLYWOOD
5.e. State FL 5.f. ZIP Code 33081
5.g. Province
5.h. Postal Code
5.i. Country USA

Requestor's Contact Information

6. Requestor's Daytime Telephone Number 9549838801
7. Requestor's Mobile Telephone Number (if any)
8. Requestor's Email Address (if any) DIAZDODD@BELLSOUTH.NET

Requestor's Certification

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

- 9.a. Requestor's Signature
9.b. Date of Signature (mm/dd/yyyy) 06/24/20

Part 3. Description of Records Requested (continued)

Mother

15.a. Family Name (Last Name) **SEVILLA RAMOS**

15.b. Given Name (First Name) **FRANCISCA**

15.c. Middle Name **OFELIA**

15.d. Maiden Name (if applicable)

16. Describe the records you are seeking. If you need additional space, use the space provided in **Part 6. Additional Information.**

**ANY AND ALL RECORDS PERTAINING TO THE
IMMIGRATION STATUS OF THE SUBJECT OF
RECORD.**

Part 4. Verification of Identity and Subject of Record Consent

Provide the information requested in **Item Numbers 1.a. - 7.** In addition, the Subject of Record **MUST** sign in **Item Numbers 8.a. - 8.c.**

Full Name of the Subject of Record

1.a. Family Name (Last Name) **FERNANDEZ**

1.b. Given Name (First Name) **ROSSELL**

1.c. Middle Name **REYNALDO**

Other Information for the Subject of Record

2. Date of Birth (mm/dd/yyyy) **10/10/1966**

3. Country of Birth
HONDURAS

Mailing Address for the Subject of Record

4.a. In Care Of Name (if any)

4.b. Street Number and Name **6800 NW 39TH AVENUE**

4.c. ☒ Apt. ☐ Ste. ☐ Flr. **492**

4.d. City or Town **COCONUT CREEK**

4.e. State **FL** 4.f. ZIP Code **33073**

4.g. Province

4.h. Postal Code

4.i. Country
USA

Contact Information for the Subject of Record

NOTE: Providing this information is optional.

5. Daytime Telephone Number
9545799046

6. Mobile Telephone Number (if any)
9545799046

7. Email Address (if any)
ROSSELLNOS@HOTMAIL.COM

Part 4. Verification of Identity and Subject of Record Consent (continued)

Signature of the Subject of Record

Select **only one** box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. OR Item Number 8.b.** If the Subject of Record is deceased, select **Item Number 8.c.** and attach an obituary, death certificate, or other proof of death.

8.a. ☒ Notarized Affidavit of Identity

IMPORTANT: Do **NOT** sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25**. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

[Signature]
Signature of Subject of Record

6/24/20
Date of Signature (mm/dd/yyyy)

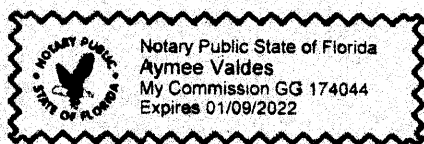
Subscribed and sworn to before me on this 24

day of June in the year 2020

Daytime Telephone Number 954-241-4200

[Signature]
Signature of Notary

1-9-22
My Commission Expires on (mm/dd/yyyy)



8.b. ☐ Declaration Under Penalty of Perjury

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2**. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to **\$25**. (See the **What Is the Filing Fee** section in the Form G-639 Instructions for more information.)

I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

8.c. ☐ Deceased Subject of Record

Part 5. Processing Information

1. Indicate if any of these circumstances apply to your request (Select all that apply).
 - ☐ Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.
 - ☐ An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.
 - ☐ The loss of substantial due process rights.
 - ☐ A matter of widespread and exceptional media interest in which there exists possible questions about the government's integrity which affects public confidence.

Submit a certified, detailed statement regarding the basis for your request with your Form G-639.

2. Do you have a pending Immigration Court hearing date?
☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.

Part 6. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Type or print the Subject of Record's name and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Subject of Record's Family Name (Last Name)

FERNANDEZ

1.b. Subject of Record's Given Name (First Name)

ROSSELL

1.c. Subject of Record's Middle Name

REYNALDO

2. Subject of Record's A-Number (if any)

► A- 0 9 4 3 6 1 7 6 6

3.a. Page Number 3.b. Part Number 3.c. Item Number

2

3

13

3.d. FAMILY MEMBER 3

FAMILY NAME: FERNANDEZ JR

GIVEN NAME: ROSSELL

RELATIONSHIP: SON

FAMILY MEMBER 4

FAMILY NAME: FERNANDEZ

GIVEN NAME: CRISTIAN

RELATIONSHIP: SON

4.a. Page Number 4.b. Part Number 4.c. Item Number

2

3

13

4.d. FAMILY MEMBER 5

FAMILY NAME: FERNANDEZ

GIVEN NAME: MICHAEL

RELATIONSHIP: SON

5.a. Page Number 5.b. Part Number 5.c. Item Number

2

3

13

5.d.

FAMILY MEMBER 6

FAMILY NAME: FERNANDEZ

GIVEN NAME: MARIA

MIDDLE NAME: PATRICIA

RELATIONSHIP: DAUGHTER

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.